

SEPA United States Environmental Protection Agency
National Clean Diesel Rebate Program
Rebate Application

OMB Number: 2060-0686

Expiration Date: 10/31/2015

r	Organization Name De	all Tran	enorto	tion Corner	ation						1	
	Emmanus Company Compan		isporta	mon corpore	AUOII							
<i>P</i>	Address 20 Haven Av							· · · · · · · · · · · · · · · · · · ·				
C	City Port Washington			County/Parish Nassau St				e NY	ZIP	11050)]	
E	Employer/Taxpayer No.	(EIN/T	·									
Pı re	ligible Entity Informa rivate fleet owners are able to quested, are currently contract risdiction over transportation of Eligible Entity Type	apply for	funding f ased to a lity. For a	rom the National n eligible entity.	Clean Diesel Rebate An eligible entity is a tion regarding private	ederal, regi	onal, State, local ants and eligible	, or tribal a entities, ple	gency or port ease refer to	authority the Progra	with am Guide.	
	Local Govt/Agency			1					igible Entity Location (City, State) ort Washington, NY			
1	ginal Vehicle Vehicle Identification	Engine	Vehicle	Engine	Engine Family	Annual	Annual Fuel	Annual	Locatio	on of	Rebat	
	Number	Model Year	Class	Manufacturer	Name	Miles	Consumption	Idling Hours	Opera County	tion State	Amoun	
1	1GBHG31F5Y1101838	2000	3	CHEV	6.5 Turbo	13,000	1,250	55	Nassau	NY	20,00	
2	1GDHG31F3X1085922	1999	3	GMC	6.5 Turbo	16,500	1,375	55	Nassau	NY	20,00	
	1GBHG31F0W1098294	1998	3	CHEV	6.5 Turbo	18,000	1,500	55	Nassau	NY	20,00	
	1GBHG31F2W1098412	1998	3	CHEV	6.5 Turbo	12,700	1,100	55	Nassau	NY	20,00	
	1GBHG31F9W1098990	1998	3	CHEV	6.5 Turbo	15,400	1,300	55	Nassau	NY	20,00	
	I certify that the vehicle(s) listed for replacement are operational and meet the eligibility requirements defined in the Program Guide. I certify that the vehicle(s) listed for replacement will be properly disposed							Total Funds Requested 100,00				
\ /	I certify that the ve of according to the			7.6 47.4		, ,	ed		for eligible			
	olicant Signature		***************************************									
	By signing, I certify	the sta	tement funding	s and informa g, I agree to p	ition provided in provide the requi	this appli ed docur	cation are tru nentation and	e and ac d assura	curate to t	he best ssary fo	of my	
	funding.											